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ABSTRACT

This videotape guide is intended to prepare current and future parents to handle without nervousness important body issues that develop during a child' early years. The early prevention training companion video shows how parents can protect the young from sexual abuse by training children to recognize improper advances, to say no to a perpetrator, and to speak up should an incident occur. The "Overview" section of the guide notes the prevalence of sexual abuse and the effects of child sexual victimization. The guide then lists objectives of the video teaching session, including promoting parenting that fosters self-esteem and body acceptance rather than shame, and showing when and how to handle questions about sex. Next the guide provides discussion questions for use after viewing the video in the areas of psycho-sexual development, shame and self-esteem, and body safety. The remainder of the guide presents pages reproducible as handouts covering myths about preventing child sexual abuse; correcting behavior without inducing shame; sexual development and self-esteem in children; how a child's sexuality develops; when a child has been abused; teaching body safety; characteristics of a perpetrator; and signs of sexual abuse. (Contains 52 references.) (HTH)

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ED 426 758

RAISING SEXUALLY HEALTHY CHILDREN

Sexual Development, Sexual Abuse Prevention & Self Esteem for Children Under Seven

PS 026687

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Raising Sexually Healthy Children

Sexual Development, Sexual Abuse Prevention & Self Esteem for Children Under Seven

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Contents

Raising Sexually Healthy Children: Sexual Development, Sexual Abuse Prevention & Self Esteem for Children Under Seven contains a close captioned videotape and this guide which owners may duplicate for classroom use only. Catalog No. 228. ISBN 0-917159-97-7. ~~$89.00~~

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Susan L. Hoke is a licensed clinical social worker, workshop leader, therapist, and consultant specializing in the treatment and prevention of family violence, child neglect and sexual abuse. Named Chicago Social Worker of the Year, she has for many years been adjunct faculty at the Family Systems Program at the Institute of Juvenile Research, University of Illinois School of Medicine.

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Louise Welsh Schrank, Executive Producer

Louise Welsh Schrank specializes in video productions on child and adolescent development, parenting, and communication skills. She is a zealous advocate for child abuse prevention, speaking at state and national events on strengthening families.

Overview

This guide is an adjunct to the video ***Raising Sexually Healthy Children***. It prepares current and future parents to handle without nervousness important body issues that develop during a child's early years.

This early prevention training video shows how parents can protect the young from sexual abuse. Viewers learn how to train children to recognize improper advances, to say no to a perpetrator, and to speak up should an incident occur. In today's world it is essential children learn these basic skills.

Prevalence of Sexual Abuse

- A 1993 nationwide assessment reported that approximately 330,000 children were reported victims of sexual abuse. [1]
- Experts agree most child sexual victimization escapes authorities. [5-7]
- In one ten-year span, recorded accounts of child molestation increased 2000 percent. [3]
- Perpetrators excel at locating, exploiting, and silencing victims. One study found that 403 molesters abused 67,000 youngsters. For every one act in which a perpetrator was caught, 30 more were committed. [4]

About Young Children

- Sexual abuse is a problem that affects even the very young, even infants.
- Between 25 and 50 percent of all victims may be under the age of seven. [8-16]

Prevention and Young Children

Historically teaching prevention skills to young children is challenging and not always successful. [17-23] We are still learning how to best convey these important messages to this age group. However, we do know that children under eight *can* learn the essentials of body safety. [24-33]

The Effects of Child Sexual Victimization

The following represent some disorders commonly associated in adulthood with child sexual abuse.

- Low self esteem and poor body image
- Disturbances in relationships, sexuality, and problems with anger.
- Abuse toward one's children
- Personality disorders
- Depression
- Post-traumatic stress disorder (PTSD)
- Aggression toward one's self or others
- Guilt
- Shame
- Fear of disapproval
- Substance abuse
- Food disorders
- Anxiety
- Suicidal thoughts and attempts

A recent study of acute psychiatric patients found that a history of childhood sexual abuse was the most powerful predictor of later psychiatric symptoms and disorders. [47]

Early sexual abuse promotes interrelated and destructive child and adolescent behavior and can contribute to

- failure in school
- premature sexual activity
- teenage parenthood. [51]

For additional information consult the child and adult sections of the book ***My Body is Mine, My Feelings Are Mine.***

Objectives

- Promote parenting that fosters self esteem and body acceptance rather than shame.
- Discuss how to respond when a child self fondles or masturbates.
- Learn the importance of toilet training and diapering without instilling body shame.
- Show how to handle the use of offensive language.
- Understand how, as children develop, promoting privacy in toileting, bathing and dressing can teach interpersonal boundaries.
- Learn how to handle discovering a child "playing doctor."
- Suggest how to help a child handle the problem of unwanted kisses and hugs.
- Suggest how to deal with television sex and violence.
- Show when and how to handle questions about sex and avoid the problem of too much information too soon.
- Teach "body safety" to help children avoid sexual abuse.
- Discuss the steps to take if a child is sexually abused.

Before Showing This Tape

It is essential that leaders preview this videotape and become comfortable with its content before showing it to a group.

Explain that the video deals with the sexual development of children under seven.
Explain that they will learn how parents can teach young children about body safety in a nonthreatening manner.

Discuss the **Five Myths About Preventing Child Sexual Abuse** printed on pages 14-15.

Glossary

If necessary, introduce the following terms and definitions.

Body safety A process in which children and adults become aware that for youngsters genitals are special and private and not to be shared. Minors also learn not to touch the private body parts of others. The younger the child, the more active the parent's role and responsibility regarding body safety.

Boundaries Indicate limits. Interpersonal boundaries are the emotional space surrounding an individual that may be violated by inappropriate, intrusive acts and language.

Extended family Includes relatives such as grandparents, uncles, aunts and cousins.

Genetalia The organs of the reproductive system, especially external genital organs.

Perpetrator A person who commits a crime, in this case sexual molestation.

Sexual abuse \ Sexual molestation When a minor is subject to any of the following sexual or sexualized activity by a person (adult or child) in a position of power over the child:
exhibitionism voyeurism kissing pornography
touching\ fondling oral sex intercourse
sexually stimulating language or situations
Perverse or other variations of the above.
Sexual abuse does not include normal, consensual, experimental sexualized peer play or activity.

Shame An unpleasant emotion produced by the feeling that others disapprove of your behavior or some characteristic.

Discussion Questions

Questions 1 -10 deal with psycho-sexual development.

1. What does a child learn in the **first 18 months** about relationships?
The parenting a child experiences helps develop a baby's basic sense of trust.
Parents who respond appropriately to children's needs and offer abundant, positive attention help their youngsters feel safe. Confident of their parents' stability, care and love, babies become secure.

2. Discuss **How a Child's Sexuality Develops** on page 20.

3. How and when should a parent teach a child the **names of genitals?**
A parent should teach about any subject using correct vocabulary as the child becomes curious about it.
This holds true when teaching a youngster about his genitals. Use the correct terminology. Nicknames are acceptable as long as the child is also aware of the appropriate terms. Using nicknames can increase a parent's comfort level when discussing such issues.
Use eye contact and have a straight forward, matter-of-fact demeanor with this and other body issues.

4. Should children should be forced to **kiss** relatives or family friends if they do not wish to? How does this relate to the notion of interpersonal boundaries?
Children need physical affection. Be consistent about teaching them to set limits. Do not force them to give or accept other people's physical attention. If a youngster does not enjoy grandpa's kiss, or Aunt Martha's tickling, give the child the right to decide how much physical affection he wants. Let the child judge what seems

uneasy or wrong.
If children can set limits about such intrusions, they can use the same principles and skills to set boundaries to prevent sexual assault. A mother in the video suggests that her daughter show her appreciation of adults with words such as: "That was a great dinner"; "I had a good time at your house"; "I'll miss you when you're gone."

5. Should **siblings and young children bathe together?**
Youngsters can bathe together as long as the children respect the rule that they do not touch each other's private body parts. If bathing together becomes too stimulating for them, discontinue it. Closely monitor children's bathroom behavior, particularly in the bathtub.

6. Discuss how to handle a child who uses **offensive or bathroom language.**
A young child's fascination with bodily functions and bathroom language is normal. His caretakers must teach what is acceptable behavior.
***Do not overreact.** A child's interest in "potty language" usually subsides unless the parent unwittingly encourages it by over or underreacting.*
***Set limits calmly.** Respond calmly. Tell the child her language is unacceptable for a child. Once she understands this, she often becomes cooperative, especially regarding obscenities.*
***Do not nag.** Do not set up excessive rules about what is and is not acceptable. When a parent constantly criticizes a child for breaking rules, the child may only learn to become too self-critical.*
***Avoid shaming children** into compliance.*

*Use the **Correcting Behavior Without Shame** Worksheet on page 17 to role play a response to a child who uses offensive or bathroom language.*

7. In what ways can **television and movies** have a negative influence on a child's sexual and social development? How are they commonly over used or abused as babysitters or activities for the young? What can a parent do?
Television and movies can bring violent, over aged, emotionally and sexually inappropriate material and innuendo into the home. In addition, they also often couple sex with violence, scaring children. Lastly, they are frequently used as a substitute for healthier, more educational and social experiences. Parents should restrict and monitor their children's television and movie viewing, and advise caretakers, friends, and relatives against inappropriate programming when in the child's company.

8. How much control should a parent exert when his young child visits a **playmate with inappropriate TV, nudity,** or other personal habits?
It is important for adults to vigilantly screen out unhealthy sexual behavior from all aspects of a child's life. Formulate family policies regarding these issues and share them with your family.
When necessary, curtail inappropriate friendships. Provide supervision when young and older children play together. Even with family members, it is important to put a child's safety above ***one's need to avoid conflict or discomfort.*** *Parents who put their children first become their child's best* ***advocates.***

9. How should a parent **answer a young child's questions about sex?**
Establish that you are a ***safe person,*** *someone with whom the child can ask questions and receive accurate answers.*
Brief general responses *are all young children usually require.*

Reply only to the question, *even during follow-up questions.*
The younger the child, the more general answers should be.
Speaking to the level of the child *and only to her specific questions generally produces satisfactory, age-appropriate responses.*

10. Discuss why it is inappropriate to give children too much **information regarding sexuality** prematurely.
The tape provides an illustration of what can occur when a child receives too many facts and details too soon. The seven-year-old child became overwhelmed with the task of processing too much information. This can place an unnecessary burden on a youngster and should be avoided.

Questions 11-15 deal with shame & self esteem.

11. How can a parent help a child develop a **positive body image?** What experiences teach **body shame**?
Do not send clear or hidden messages that convey shame toward the body and its functions.
Over-reactions to a child's self-fondling or masturbation, playing doctor, or accidentally exposing herself in public can increase a sense of body shame.
Teach boundaries with an emphasis on privacy, but without scolding or humiliating.

12. Discuss how parents teach shame while **diapering and toilet training**. How can a parent enhance a child's self esteem through toilet training? *Have a positive, not punitive approach to toilet training. Reward successes with positive attention. Be sensitive and encouraging about accidents and bed wetting. Set limits and establish boundaries, but do not express disgust at dirty diapers*

or a wet bed. Treat body elimination as a natural process, not something shameful.

13. It is not uncommon for **young children to touch their private body parts**. Some even **masturbate**. What should a parent do?

Do not punish. *Initially a child sees playing with genitals the same as playing with fingers or toes. Self touch can provide comfort, pleasure and a release for stress. Slapping or scolding will only teach body shame and negatively effect self esteem. Do not react to a very young child 's normal, moderate self exploration in your presence.*

Set boundaries. *As the child becomes a little older, or the touching more prominent, explain that genital self touch is done in private as these body parts are hers alone.*

Do not worry. *Usually self touch and masturbation are normal and likely to occur irrespectively of what a parent says or does.*

Consult a professional if the self touch appears problematic (if, for instance it is excessive, accompanied by anxiety, emotional upset or other problems, or it interferes with normal activity). A pediatrician can rule out a physical problem. A child psychotherapist can assess relevant emotional issues.

14. In the tape Maria is **reprimanded** for showing her underwear in public. Ask the students to pretend to be Maria. Frown, point your finger and admonish the group with the following:

Bad Girl! Stop that!
Don't you know that's bad?
What are you doing?
Put your dress down right this minute!
Do you want everybody to see your privates?

How do these messages make you feel about yourself and about your body?
How did the parent communicate body shame?
Review the scene on the video and discuss both nonverbal (body language, including eye contact, facial expression, etc.) and verbal communication (tone of voice, pointed finger, choice of words).
Review the handout on page 16 ***Correcting Behavior Without Shame*** to discuss responses students prefer.

15. How should a parent react when young children **"play doctor?"**
Know that it is normal behavior as children are naturally curious.
However it is important to teach youngsters to stop the behavior and teach children to have boundaries by respecting their own and other's bodies.

During the discussion period following the video to process the questions following the scene described as "Play Doctor."
Discuss how you would feel about your body if you were Omar or Brittany.
Do you think Brittany would feel open to talking to her dad about body issues after he reacted with disgust?
Discuss the "Playing Doctor" scene using the handouts on page 15-16 ***Correcting Behavior Without Shame.***

Questions 16 -20 deal with Body Safety

16. What does **"Body Safety"** mean?
"Body Safety" means children understand how to keep their bodies safe from sexual assault. They learn to identify their private bodies parts and respect that these are special and only for them, except for brief cleaning by a caretaker or checking by a doctor. Children also understand not to touch the special private body parts of others.

17. Discuss how and when a parent can teach body safety using the handout ***Teaching Body Safety*** on page 22.

18. In the video a son, when asked directly, discloses to his mother that some time ago he and a same aged friend "poked" each other's genitals. Is this type of behavior normal?
Among children of the same age, curiosity about genitalia and limited, unforced looking or touching one another is, under most circumstances normal.
Many children will have some type of experience such as "playing doctor," or a child asking to see or touch their private parts. Youngsters should learn not be ashamed of such behavior, but to keep their private body parts private.

19. Review **Signs of Sexual Abuse** on pages 25-26.

20. Duplicate and discuss the following handouts in this guide.
When a Child Has Been Abused
About the Perpetrator
Signs of Sexual Abuse

Myths About Preventing Child Sexual Abuse [34]

① *My child is not exposed to potential abusers.*

Reality Sexual child abuse occurs in every ethnic, religious, socioeconomic, and racial group.

Only 25% of abusers are strangers. [3]

Children are more likely to be abused in their own home, the home of a friend, relative, or babysitter, than in an unfamiliar setting.

Females are responsible for 40% of sexual abuse occurring in day care. [36]

Boys as well as girls may be molested, although male victimization is under reported. Boys are more often molested by someone outside the family. [37-38]

Girls are more frequently abused by a stepfather. [39-40]

Abusers of boys tend to be close in age to the victim, and the molestation is often more severe and violent. [41-43]

Child victims of sexual abuse commonly molest siblings or other youngsters. Many adult abusers develop perpetrator tendencies during adolescence, often by the age of 14 [44] or 15. [45-46]

② *Educating children in body safety will scare them or put ideas in their heads.*

Reality It does not damage children to learn safety messages like "Do not play with fire" or "Do not run in the street." The notion of privacy is not frightening.

③ *Kids can't learn about body safety without learning about sex.*

Reality A parent does not have to teach a young child about sex to educate him in body safety.
The message of body safety is very simple. Genitals are special and private and not to be shared. Children should not touch the genitals of others.

④ *My child is too young to learn about body safety.*

Reality No child is too young to be sexually molested. Accounts of molestation of infants, toddlers, & preschoolers are increasing.

⑤ *Teaching personal safety probably is futile.*

Reality Even young children can learn body safety concepts.[24-33] A child well-trained in body safety, who will say "no!" and tell an adult may be less likely to be abused.

Correcting Behavior Without Shame

- **Stop the behavior**

Molly, put your dress down.

- **Offer alternate activity**

Here, help me carry these packages.
Get children to put together a puzzle, play a board game.

- **Encourage yourself mentally**

This isn't the end of the world. I can discuss this with my three-year-old. It's not over my head to do this.

- **Calmly discuss**

You don't lift up your dress and show your underpants Molly.
Remember? You have body parts that are private and special.
Do you think you understand?
How do you feel about that?
Do you think you can keep your private parts private?
Mom encourages Molly to ask question and discuss the incident.
Explain, encourage questions, read related books and suggest that the visiting child share the experience with his or her parent.

- **Pleasant activity**

Let's go check out that rail road car.

- **Reinforce Positive Behavior**

You did a great job keeping your body private the rest of the day. Let's talk about how that feels.

Correcting Behavior Without Shame Worksheet

Use this sheet to compose a response for the following situations:

- ✓ **A child soils his training pants.**
- ✓ **A child wets her bed.**
- ✓ **A boy uses offensive or bathroom language.**

- ♦ **Stop the behavior**

- ♦ **Offer alternate activity**

- ♦ **Encourage yourself mentally**

- ♦ **Calmly discuss**

- ♦ **Pleasant activity**

- ♦ **Reinforce Positive Behavior**

Sexual Development & Self Esteem in Children

Low self esteem leaves people open to being exploited sexually and otherwise. A person with a low opinion of herself believes she deserves poor treatment; *"even a poor relationship is better than none, and a little caring mixed with much abuse for them is better than no caring at all. Promiscuous and exploitative sexual behavior, premature parenthood, and an array of self-damaging behaviors feed off poor self-esteem."* [52]

Developing self esteem during early childhood

Good parenting in early childhood lays the foundation for self esteem; it begins at infancy when a parent passes on a sense of basic trust. Confident of their parents' love and care, the infants feel secure enough to explore and develop. A developing child's needs include:

- ♡ Abundant play time and love from her primary caretaker.
- ♡ Frequent cuddling and responsiveness, not minimal play and involvement.
- ♡ Weaning that is not harsh and abrupt.
- ♡ A gentle flexible approach toward toilet teaching.
- ♡ Respect for each child's abilities and readiness.
- ♡ The use of specifics to encourage toddlers and preschoolers for doing well. For example, to reinforce a child's sense of competence one might say, "You really concentrated on your puzzle, Jill."
- ♡ Structured learning experiences that encourage independence. Teach youngsters to tell time, set the table, or tie their shoes.

Children who experience this style of parenting will display more comfort with all bodily processes, sexual and otherwise.

In adulthood a person with high self esteem

- values, respects and enjoys himself and others.
- trusts herself and others.
- does not exploit others.
- has healthy relationships with family and others.
- has a sense of humor, is not cutting or sarcastic.
- cares about people's welfare.
- has a sense of responsibility.
- has a sense of purpose.
- is flexible.
- enjoys leisure time and other activities.
- can be wrong and does not over-react to failure.
- accepts life's challenges and takes reasonable risks.
- displays problem-solving abilities.
- is free of obsessions, compulsions and substance abuse.
- is not overly dependent on the approval of others.
- can get his needs met.
- has a sense of optimism.
- has a healthy attitude toward sex and sexuality and is comfortable and accepting of his own body.

Parenting & self esteem: An observation exercise

For healthy relationships to develop, both parents and children must enjoy one another. Facing many responsibilities, a parent can over-focus on child discipline. Observe yourself or a parent for 30 minutes. Tally of the number of parental comments by these categories.

Teaching	"This is a long snake."
Discipline	"Don't do that!"
Evaluation	That's Good! or That's bad!
Play/Imagination	"You be a rabbit I'll be a frog!"

Report your observations to the class.

How a Child's Sexuality Develops

Age	Normal Development	How to Respond
Infants Birth - 18 months	The beginnings of self-exploration or stimulation. In boys penile erection & in girls clitoral erection and vaginal lubrication possible.	Develop baby's capacity to love Permit baby's self-exploration throughout the life cycle; do not negatively react to bodily functions, ie elimination, drooling
Toddlers 18 mo to 3 years	Continued self exploration or stimulation Interest in genitals & elimination Curiosity about body differences	Teach names for body parts Use relaxed non-punitive toilet training methods
Preschoolers 3 to 6 years	Play doctor Question how babies are made	Teach body parts that are private & special & begin teaching body safety Answer questions briefly

Adapted from "What to Expect of Your Child's Sexuality." ***Child****, September, 1995, p. 60.*

If a Child Has Been Abused [44]

❑ **Calm the Child.**

Although this is a time of intense crisis, do not panic. Be gentle and assuring, no matter how intense the child's emotions. It is important adults are consistently emotionally available to the victim. Help the minor feel safe and protected. Explain that he is not to blame for the abuse even if he enjoyed or requested parts of it.

❑ **Listen and ask questions.**

Let the child express feelings and ask questions. Calmly ask for additional information. Never end a discussion prematurely, interrogate, or ask leading questions. **A supportive adult is the single most important factor in victim recovery.** [48]

❑ **Believe the child.**

Most experts agree that although false accusations do occasionally occur, children rarely like about sexual abuse. A false accusation can involve an extremely traumatized and molested child accusing other non-perpetrator adults or children. More often an emotionally unstable or vindictive adult is behind a false accusation. [49-51]

❑ **Guard the child's safety.**

Until you are certain the child is out of danger, suspend contact with the alleged perpetrator and confirm the safety of the other children in your care.

❑ **Call child abuse authorities.**

Report suspected child sexual abuse, physical abuse, and neglect. For the number in your area call **1-800-4A-CHILD.**

❑ **Seek family counseling.**

A licensed counselor specializing in child sexual abuse can help a family through the crisis. Remember that professionals including doctors are mandated to report to the authorities child abuse and neglect allegations.

An excellent guide for parents or teachers dealing with the sexual abuse of a child is ***The Sexually Abused Child: A Parent's Guide to Coping and Understanding*** by Kathleen Flynn Mach (1994 Williamsburg: Family Insight Books).

Teaching Body Safety

The message of body safety is very simple. Genitals are special and private and not to be shared by children.

Treat body safety like any other safety matter you discuss with a child regularly. Be calm, caring, thoughtful and open. If a child knows (she) can approach you, she'll feel freer to discuss questions or concerns. Remember, do not drill or scare the child.

❑ **As the child becomes curious, teach her the correct names for the genitalia. Reinforce the proper names before teaching body safety.**

Michelle, we all have **special private** body parts. You're a girl so your special private body parts are your vagina, your breasts, and your bottom.

❑ **Teach children that these body parts are special and private and not for children to share. Explain that a child is not to touch the private body parts of others, including adults, children or babies, even if asked or told to do so.**

You don't share your special private body parts. They're just for you, just like your (NAME A FAVORITE TOY). Your dad, baby sitter or I might clean your special body parts in the bathtub. Your doctor might check them when she checks the rest of your body. But cleaning and checking are real quick.

❑ **Teach children to stand up and say "No!".**

If a kid or grown-up wants you to touch their private special body parts, don't do it.

Stand up and say **nice and loud** , 'No!

Right now-- let's practice. Stand up and say no very loud.

If you can, go to a safe place.

❑ **Teach children to tell.**
Tell a grown-up right away, and keep on telling until the unsafe touching stops forever. And remember-- **it's not your fault!**

❑ **Periodically ask direct, but not leading questions.**
Has anyone touched your private body parts?
Has anyone asked you to touch their private body parts?

Use **"What If" questions** to check children's understanding

✓ **What if... photos** What if someone wants to take your picture without any clothes on? Should you let them?

✓ **What if... bribes** What if someone gave you candy and told you they were going to give you a special treat if you touched their private body parts? Should you let them?

✓ **What if... threats** What if they yell or say something mean or scarey to you?
Should you still let them touch your private body parts?

When to teach body safety

Children need more than a one-time lecture to learn how to protect themselves. They need on-going encouragement to trust their own feelings and speak up for themselves.

- Do not introduce body safety at bed time. Wait until they have plenty of time to process the information.
- Use learning opportunities that present themselves, ie a child has a pertinent question.
- When there are changes in the environment.
- When there are new people in the environment. (Day care center change, vacations, camp or when the child visits a new friend's home, a new playmate, new sitter, or a new person living in the home)
- Discuss and question before and after the change.

About a Perpetrator

How can a parent detect a potential child abuse perpetrator? It is virtually impossible to recognize a perpetrator from the rest of the population. He may look entirely normal, be intelligent, well-loved, married, and successful. The following are only guidelines that may or may not prove helpful. Since child sexual abuse is against the law, the consequences of accusing someone of this offense are great; the consequences of ignoring the facts are also great. Many perpetrators molest multiple victims, yet, are extremely convincing at denying allegations and silencing young children. This list can apply to adults, adolescents, older children, or even children the same age.

Potential Perpetrator Risk Factors

- ✓ **A history of sexual abuse of children.** Molesters are seldom"cured" by time or incarceration. Treatment is not always successful.
- ✓ **Unnatural fascination with a child.** This includes inappropriate staring, inordinate attention, gifts, treats, and frequent requests to spend time with a child, particularly over-night trips, "date night" and late evening week-end requests.
- ✓ **Excessive or inappropriate touching, fondling, exhibitionism, kissing, or wrestling with a child.** This may be part of a potential perpetrator's process of "grooming" the victim.
- ✓ **A person with whom the child appears to have inappropriate secrets.**
- ✓ **A history of sexual abuse.** Untreated adult or child victims, particularly males, may become molesters, or "sexually reactive."
- ✓ **An excessive interest in pornography,** especially child pornography.

Signs of Sexual Abuse

Children respond differently to sexual abuse.
There may seem to be no visible signs of abuse. Victims can depend on, love and even pursue their molesters.
A youngster can remain silent about abuse; others leave hints, or tell only to be dismissed.
It is important to rule out alternative explanations for the following symptoms. Statements from the child or others may or may not prove useful as both perpetrators and victims commonly deny the abuse.

- ✓ Inexplicable fear, worry, avoidance or rage at a person, activity, or event.
- ✓ Over reactions, fear, sadness, or anxiety to questions about touching.
- ✓ A sudden awareness and preoccupation with sexual conduct, words, and parts of the body.
- ✓ A dramatic change in behavior. A younger child may regress to bed-wetting or soiling her underwear. Eating and bedtime habits may change. Nightmares, sleep disturbances, including insomnia, interrupted slumber or excessive need for sleep. The child may withdraw or become more aggressive, anxious, hyperactive, even violent.
- ✓ Misbehavior at school, lack of concentration and falling grades.
- ✓ Frequent crying and clinging to a parent, or alternately avoidance of normal family intimacy.
- ✓ Unreasonable anxiety of a doctor's physical examination, of being touched, or seen naked.
- ✓ Inexplicable complaints, such as headaches, stomach aches, or genital itching or pain.
- ✓ Self critical or extremely self conscious.

- ✓ Inexplicable genital trauma, infection, disease, irritation; bloodied or disturbed undergarments.
- ✓ Unusually frightening or sad pictures, often using black and red colors.
- ✓ Masturbation, or attempts to have other children perform sexual acts.
- ✓ Lack of interest in previously enjoyable activities or people.
- ✓ Self critical or extremely self-conscious.
- ✓ Secretiveness.
- ✓ A chaotic or problematic family or living situation.
- ✓ Frequent daydreaming or loss of contact with reality.
- ✓ Self destructive or critical thoughts or behavior.

For further information and referrals and emergency phone counseling contact

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